

COUNTY MEDICAL SERVICES PROGRAM (CMSP) MEDICAL CARE HEARING REQUEST

INSTRUCTIONS

If you are dissatisfied with any decisions regarding medical care under the County Medical Services Program (CMSP), you have the right to request a hearing by the State Department of Social Services. (If you are dissatisfied with any decisions regarding eligibility for the CMSP, please contact your county welfare department.)

Your request for a hearing may be written or oral. *Your request for a hearing must be made within 90 days of the date on which the problem occurred.* The State Department of Health Services will review your hearing request and may contact you.

To file a written request for a hearing about medical care, follow these steps:

1. Please fill in the information requested and provide your signature on the back of this form.
2. Send the completed and signed form to:

State Hearings Division
State Department of Social Services
744 P Street, Mail Station 19-37
P.O. Box 942732
Sacramento, CA 94234-7320

To file an oral request for a hearing about medical care, call the Public Inquiry and Response Unit at 1-800-952-5253. (Toll-free number.)

You may have witnesses at the hearing.

You will receive a written copy of the State Department of Health Services' position two days before the hearing.

You will receive a written copy of the decision.

You have the right to be represented at the hearing by another person of your choice (an attorney, a friend, a relative, or other spokesperson). You may be able to receive legal advice by calling the nearest legal assistance/services agency.

INFORMATION PRACTICES ACT STATEMENT

The information requested on the back of this form will be used by the State of California to resolve your complaint regarding medical care provided under the CMSP. Completion of the form is voluntary, and the form should be submitted to the State Department of Social Services if you wish to request a state hearing. All information you submit is confidential, and it will be provided only to the State Department of Health Services and your county welfare department. For more information regarding use of this information or access to your records, contact the Office of County Health Services, State Department of Health Services, P.O. Box 942732, Sacramento, CA 94234-7320 (telephone (916) 322-1086).

(Over)

